


WORKER STATUS DETERMINATION

Introduction

This section of the document will explain how an authorized user can request a worker status determination. Upon your submission of the request, DUA staff will review your request and make a status determination. You will be notified of the status determination once a decision is made.

Step-by-Step Instructions:

1. Navigate to the account maintenance home page using the instructions provided in the section – 'Navigating to Account Maintenance'.
2. Click on the 'Request Worker Status Determination' link from the list of available maintenance services. The screen shown in the next page will be displayed.



Friday, November 06, 2009

[Print](#)

Change Password | Logoff

* Indicates Required Field

Employer Home

FAQ/Contact Us

Account Maintenance

- View Employer Account Profile
- Address Information
- Employer Appeals
- Maintain Employer Name
- Maintain Owners/Officers
- Maintain Employer Reporting Units
- **Request Worker Status Determination**
- UI Contribution Rate Maintenance
- Suspend Employer Account
- Voluntary Contribution
- Third Party Administrator (TPA) Authorization
- View Employer Name Change History

Benefit Charge Activities

Collections

Correspondence

Employment and Wage Detail Reporting

History

Payment Information

User Maintenance

Employer Information

Employer Account Number: **1000** Employer Name: **Employer**

Request for Determination

This form must be completed in full. Information will not be saved if you do not submit.

☒ Employer-Employee Relationship (Section 2)
☐ Services Performed in Massachusetts (Section 3)
☐ Excepted Services (Section 6) Subsection

Employer Information

FEIN:

EAN:

Employer Name: **Employer**

DBA Name:

Address: **19 STANIFORD ST**
BOSTON, MA 02114-2502
United States Of America

Phone: **617-000-0000 ext:**

Owner/Officer First Name:

Owner/Officer Last Name:

Employer's Principle Business:

Entity Type:

Occupation in Question:

Wage Reporting Periods

	Full Quarter	Full Quarter	Full Quarter	Full Quarter	Partial Quarter	Total Gross Wages PAID
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Enter the information required to submit the request for worker status determination. Click on 'Submit'.
4. A page will be displayed confirming that your request has been submitted.

Massachusetts Department of
Workforce
Development

Friday, November 06, 2009
[Print](#)

[Change Password](#) | [Logout](#)

Employer Home
FAQ/Contact Us
Account Maintenance

- View Employer Account Profile
- Address Information
- Employer Appeals
- Maintain Employer Name
- Maintain Owners/Officers

Employer Information

Employer Account Number: **1000** Employer Name: **Employer**

Determination Request Confirmation

Status Determination has been initiated.

[Home](#)